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Covid-19 Containment Communication in Nigeria: Do Kari-Kasa Community Still Believe 'the Media are of the Devil'?

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ABSTRACT

The Covid-19 pandemic created an atmosphere of global uncertainty that challenged established assumptions and ways of life. Amid the uncertainty, most people turned to mass and social media for updates, direction and, especially during lockdowns, companionship. An earlier study of the *Kari-kasa* community shows their total disdain for modernity including the mass media: radio, television and newspaper. The question then arises: was the *Kari-kasa* able to sustain this disdain during a pandemic that turned most people to the media? To what extent did the community uphold its aversion to modernity in the face of a crippling pandemic? Employing classical ethnographic field methods of focus group discussion (FGD), observation, in-depth and key informant interviews, this study established a reasonable level of Covid-19 awareness among the *Kari-kasa* members, some of whom seemed to be modifying their belief system to conform to social pressure. They largely declined Covid-19 safety rules believing it was not obligatory. The nature of their information-seeking behavior breeds information disorder and *infodemic* within their micro-community. The *Kari-kasa* appeared to be left behind in government efforts on Covid-19 containment communication interventions. It is therefore recommended that specific behavior change communication intervention be targeted at conservative marginal and hidden communities such as *Kari-kasa* just like it is for the Amish. Also, since *Kari-kasa* members exhibit ideological belief rather than behavioral belief explained in theory, behavior change interventions targeted at such groups should pay attention to this influential factor for the intervention to be compatible with their belief.

INTRODUCTION

In December 2019, the first case of Covid-19 (earlier detected as pneumonia) (WHO, 2020) broke out from the Huanan seafood market in Wuhan, China. What began in small numbers in very few countries started rising and touring continents. As a result, countries, including Nigeria, started announcing measures to curb the spread of the virus from total lockdown, partial lockdown, and social distancing to regular hand washing, alongside compulsory public usage of face masks and sanitizers, among others (NCDC, 2020a; NCDC, 2020b; NCDC, 2021).

However, as informative as the Nigeria Centre for Disease Control (NCDC) guidelines on how to prevent Covid-19 and curb its spread was, it was ironic that a micro-community of people (called *Kari-kasa*) in Ibadan, Oyo State Southwest Nigeria, holds all modern innovations including the media where the information about Covid-19 was disseminated with disdain. Their disdain for modernity also extends to Western education, as their children are not enrolled in Western-like schools. To them, shunning these practices is necessary because they are of the devil (Ojebode & Salaudeen, 2013). This community deliberately distances themselves from modern media of communication employed by governments at various levels, including those deployed by government agencies such as the NCDC, the

Presidential Task Force, and the Oyo State Government through the State Task Force to communicate to the citizens about Covid-19, its spread, symptoms and preventive measures. The *Kari-kasa* community, going by Deezia's (2017) categorization of ascetics, practice communal asceticism a form of religious asceticism where adherents withdraw themselves from the open community to the forest.

Consequently, the study raises questions that warrant empirical investigation: Are members of the *Kari-kasa* community aware of Covid-19, since they do not have direct contact with the mass media? If they are, from which sources of communication did they get information about the virus despite their disdain for the media? Then, what is their attitude to the government's guidelines and policies on Covid-19 prevention?

To achieve these objectives, the study adopts the Reasoned Action Approach (RAA). This theoretical standpoint is a product of about five decades of theoretical transition that evolved in 1975 when Martin Fishbein pioneered the theory of reasoned action (TRA) and further theorization marked by the research effort of Icek Ajzen and Martin Fishbein leading to the emergence of the theory of planned behavior (TPB) in 1980. The Reasoned Action Approach (RAA) which adopts an integrative model, emerged through further efforts to transform the earlier theoretical thoughts for more pragmatic application (Fishbein, 2008). The theory hypothesizes action as a function of intention which is the central pillar of RAA (Fishbein, 2008; Conner, McEachan, Lawton, Gardner, 2017; Hagger, Polet, and Lintunen, 2018; Hagger, 2019; Nisson and Earl, 2020).

According to Hagger, Polet, and Lintunen (2018) and Hagger (2019), an intention that is regarded as the main construct of the RAA is influenced by attitude, subjective norms, and perceived behavioral control (PBC) which are belief-based constructs. By implication, the health behavior decision of an individual is deeply rooted in certain beliefs they hold about the health issue concerned. Hence, attitude, subjective norms, and PBC are reflections of people's beliefs that determine the intention to accept or reject a healthy behavior. The intention is the motivation to adopt or reject a behavior while attitude reflects the person's general assessment of behavior (negative or positive). Further, attitude could perform the experimental-affective function or instrumental-utilitarian function. Subjective norms, the second belief element influencing intention to behave, explains people's beliefs that "significant others" (people they consider important regarding a specific issue) are favorably disposed to a chosen behavior. This occurs in two ways: *injunctive* (the social pressures to perform the behavior) and *descriptive* (beliefs in the extent to which the behavior is typical or normal). The third belief-based construct that influences intentions is perceived behavioral control (PBC). This describes the extent to which an individual is capable of controlling the recommended behavior. This can also be *autonomy* (perceptions of control over doing the behavior) or *capacity* (perceived confidence in doing the behavior). In addition to the foregoing constructs, Hagger, et al. (2018) emphasize the role of past behavior on new behavior. Ajzen (2012) who examined the RAA also identifies belief as the root of intention and attitude. He defines belief as behavioral and classified it as either negative or positive.

Therefore, using the constructs of RAA, the researchers interrogated the relationship between the attitudes of the *Kari-kasa* community (disdain for the mass media) and their behavior toward Covid-19-related information. This aspect of the study was driven by the third research question: *What is the attitude of the Kari-kasa community to the government's guidelines and policies on Covid-19 prevention?*

METHODS

This study employed classical ethnographic field methods involving observation, semi-structured interviews, and interpretation following a cyclic iterative process (Whitehead, 2005; Randall, Rouncefield & Tolmie, 2020; Müller, 2021). The study was conducted among a marginal group, the *Kari-kasa* community, dwelling in small settlements in Ibadan, Southwestern Nigeria. Since the community members are sparsely located in different locations in Ibadan and seemingly resemble a hidden community, their actual number is unknown. Purposive sampling, snowball, and convenient sampling techniques were adopted to select participants, in that sequential order. The researchers commenced from the group's original

settlement in Ibadan where they were located in 2011 for a previous ethnographic study (Ojebode and Salaudeen, 2013). Through snowballing, the *Arekee* settlement in the outskirt of Ibadan was identified while the researchers were linked to the *Ijaye* settlement from *Arekee*, making three settlements where participants were selected for the study. At each settlement, both convenience and snowball sampling techniques aided the recruitment of the respondents into the study.

This selection was partially unsystematic because the sample size could not be predetermined as there was no official record of the study population. Even at that, our interpretive research paradigm does not determine a sample size by numbers, but rather focuses on the depth of collected data (Alharahsheh & Pius, 2020). However, the researchers contacted and interacted with 27 participants who supplied us with data. They include 19 *Kari-kasa* members and eight other people neighboring the *Kari-kasa.* During the cyclic iterative process when the researchers switched between simple observation and semi-structured interviews to focus group discussion and document analysis (Whitehead, 2005), we spent 12 months for data (from October 2019 to September 2020).

There was a pause period between March and May 2020 during the Covid-19 lockdown in Ibadan, our research setting. The researchers traveled to the three settlements for ethnographic observation visits six times. Three of the visits were made to *Agugu,* while the rest three were to *Arekee* and *Ijaye* settlements on the outskirt of Ibadan. During the period, six sessions of FGD were conducted. Five involved 19 members of the *Kari-kasa* community including adult males, females, and children. One session of FGD was conducted with four neighbors residing beside the settlement of the group in *Ijaye.* Five members of the *Kari-kasa* and six of their neighbors were also interviewed.

The interviews conducted during the various observation visits were either unstructured or semi-structured. In the actual sense, the researchers hovered between participant and non-participant observers depending on the length of time spent during each visit. Where the situation allowed long stay from morning till evening or afternoon, we participated in some of their activities like daily prayers, engagement in personal casual talks, light relaxation on their local/leather mats, and strolling within the settlement. Guides were designed for all the ethnographic data collection methods adopted, but they were hardly used mainly because the group holds a negative perception of any form of media including the Western style of writing; any form of formality with the process could thwart the process. They even prevented us from jotting or recording their voices during FGDs and interviews. Apart from this, the researchers faced a few challenges considered as their ethnographic lessons.

The *Kari-kasa* males are difficult to find at home during the day because they are naturally transient. Their children and wives who are rather stationary are practically inaccessible because their doctrine prescribes staying indoors, especially their women. So, we wandered a lot to track them down for FGDs. Sometimes, we trekked kilometers searching for them around the villages or settlements they dwell. Because of this scenario, the researchers applied reflexivity (Iphofen, 2013) to systematize the process into an explainable methodological process. We made audio recordings of some sessions while we intermittently exited the scene to document discussions and observations where the recording was not possible to avoid annoying our respondents who do not want to have contact with modern media. For methodological reflection and insight, it is important to state here that despite all efforts, a female *Kari-kasa* challenged the researchers during an FGD session based on sudden self-realization as to whether they should continue with the interaction or not. We therefore calmly explained our mission to them, clearly indicating it was just to hear their stories, and not for malicious aims. That was one of the few situations the researchers consciously switched from participant observers to non-participant observation.

After transcribing the data, we analyzed them based on thematic and hermeneutic contexts. We employed ethno-semantic analysis as well as things and material culture as analytical tools. These involved narratives, explanations, comparisons, representative quotes, and analytical inductions on which the findings of the study were premised.

RESULTS AND DISCUSSION

For proper hermeneutic, this section is structured into three thematic constructs that resonate with the focus of the paper: the extent of

Covid-19 awareness among the *Kari-kasa* Community, the source of Covid-19 information to the members of the community and the attitude of *Kari-kasa* community members to Covid-19 containment policies by the government. All these, directly connected to the research questions driving the study, will reveal the quantum of Covid-19 information received by this conservative community, the sources of Covid-19 information to the members of this small community that "disdained" the mass media (Ojebode & Salaudeen, 2013) and their attitude to the utilization of Covid-19 safety information released by relevant governmental and non-governmental institutions.

The Extent of Covid-19 Awareness among Members of the *Kari-kasa* Community

The data obtained in this ethnographic study show that members of *Kari-kasa* community were aware of Covid-19. They expressed this awareness during interviews and FGD sessions at the various settlements we visited. When *Kari-kasa* members at *Agugu, Arekee* village, and *Ijaye* village settlements were asked if they had heard about coronavirus, they responded in the affirmative by also mentioning the name of the virus. For instance, during an FGD session with *Kari-kasa* members residing in their *Agugu* settlement in Ibadan, they said: "We have heard about it… Its name is Coronavirus." Another participant during an FGD session at their *Arekee* village settlement asserted: "People ask me if I know about the virus. I tell them, I know of how real the virus is than you know." This shows that despite their disdain of the mass media (Ojebode & Salaudeen, 2013) and perceived illiteracy among them, the *Kari-kasa* people were not totally unaware of the Covid-19 outbreak in the world. However, they also carried some chunks of Covid-19-related fake news when an interviewee at their *Arekee* village settlement told us that: This virus is even small; many are still underway after Corona. Hasn't another got to India, the bee-like insect that stings people all over the place? Whoever has a car would park very close to the doorstep to avoid the stings of the insects.

This kind of misinformation is expected from a group of people who desert all "technologically" mediated channels of information including the mass media, information, and communication technologies, and books, which are virile and vibrant sources of credible and fact-checked information during the peak of the pandemic when lockdowns and physical distancing were in strict practice as part of the containment policies (PAHO, 2020b). While our finding negates that of scholars who advocate a single media system like mass media, social media, community media, or face-to-face as effective means of creating awareness and enlightening people during health and environmental crises (Gentili, et al., 2020; Nnadlukwu and Omeje, 2019), it affirms the findings of Abbas et al. (2019), Sander and Lee Tee (2019), Ye et al. (2020) and Toppenberg-Pejcica et al. (2018) that a combination of media platforms—mass, social, community, and face-to-face— is more effective in reaching all categories of people with health and non-health information. This study also confirms that "*infodemic*", as displayed by the *Kari-kasa* people about the nonexistent stinging insects in India, could be more dangerous during a pandemic (PAHO, 2020b).

Our study also identified the influence of the "significant other" in behavior change communication (Fishbein, 2008, Hagger et al. 2018; Hagger, 2019). A group, like the *Kari-kasa,* that heavily relies on face-to-face communication in information sharing would perhaps fact-check information by their perception of the human carrier's credibility showing the potentiality of word-of-the-mouth in an era of media convergence. Data from our observation revealed that, in the *Kari-kasa* community, leaders of the group—significant others (Fishbein, 2008; Hagger et al., 2018) gate-keep information exposure and utilization among group members. This behavior was also exhibited during an FGD session with the female members of the *Kari-kasa* community when the eldest among them spoke on behalf of all others and prevented them from sharing their opinions and views on Covid-19.

Sources of Covid-19 Information to the *Kari-Kasa* Community

The popular maxim of McLuhan, "The channel is the message" resonates with this section of the study. Since a previous study on the group (Ojebode & Salaudeen, 2013) found that the *Kari-kasa* community disdained the media, it is important to find out their sources of safety information during the Covid-19 pandemic. This was intended to discover the extent to which the government was successful in implementing all-inclusive

communication intervention. To achieve this, we asked members of the community about their sources of Covid-19 information. All sources of data employed revealed the *Kari-kasa* are still in remote contact with the mass media. They did not possess any gadgets for mass communication like radio or television. They did not have any device of mobile telecommunication to access social media, send and receive voice calls as well short message services (SMS). They still rely on face-to-face oral communication as earlier discovered by Ojebode and Salaudeen (2013). However, they were sometimes exposed to those media through their neighbors and outsiders. This occurs either deliberately or deliberately. For instance, it is in deliberate when mass media messages filter or penetrate their abodes from neighboring houses and rooms. It is rather deliberate as they also reported receiving information from social and mass media gadgets of a non-member of *Kari-kasa* without having direct contact with the gadget. During this ethnographic sojourn, it was observed that their neighbors at the *Agugu* settlement received some phone calls on their behalf and then transmitted the message to them through face-to-face oral communication. Most of such calls were business calls from people who patronize their petty business, especially alternative health products and services. This shows that they also realize that they cannot entirely desert modern media, a slight difference from the findings of Ojebode and Salaudeen (2013) who found that the *Kari-kasa* did not want the media at all as they described it as an instrument of the devil.

However, the main source of information about Covid-19 and other issues in the community was face-to-face oral communication. But unintended exposure to radio and television messages filtering in from neighboring houses and the larger community, as well as social media messages: texts, memes, and videos from another person's mobile phone were identified as indirect sources of Covid-19 information to members of the community. This finding emerged from all sources of our data including FGDs and observations. For instance, an excerpt from one of our FGD sessions with female *Kari-kasa* at their *Ijaye* village settlement aptly illustrates this: "We just hear people saying it... We do not even know how the virus is contracted because we do not listen to radio or television nor even use phones".

But at the *Agugu* settlement, which is in the heart of our research setting, Ibadan, the capital of Oyo State, Southwestern Nigeria, the response was slightly different. All five male *Kari-kasa* members who participated in the FGD confessed that they accessed information through mass media and ICT gadgets owned by other people in the neighborhood. Possessing media gadgets is against their belief because, according to them, it would affect their spiritual strength. Our interviewee at the *Agugu* settlement enumerates their sources of Covid-19 information saying, "We hear Covid-19 on radio, television, from people around the city, pictures, banners and even on phones when people make calls." When asked if they had radio, TV, or phones, they said: "We don't have a radio. I hear it whenever I visit my customers to sell things to them".

In their response to information survival without possession of a mobile phone, a *Kari-kasa* member at the *Agugu* settlement said: "Yes, we can use another person's phone when in dire need of it; but we cannot own it. We do not use any electronic gadget like that whenever we do *Ruqyah* (Islamic exorcism). Jinns can take possession of those gadgets through contact with a demonically possessed person. We have had the experience of demons possessing pictures and Bournvitacans".

While the foregoing underscores the overwhelming influence of the mass media and their ubiquity, it also indicates that the *Kari-kasa* are gradually modifying their belief system on contact with the mass media. A pressing condition with a dire need can push them into exposure to mass media owned by non-*Kari-kasa* members but without direct contact. This attitude influenced by group belief conforms with a tenet of RAA (Fishbein, 2008; Hagger et al., 2018; Hagger, 2019) but slightly differs from the finding of Ojebode and Salaudeen (2013) when the *Kari-kasa* even scolded their children for accessing radio and television through neighbors. However, the belief variance displayed by the *Kari-kasa* here is not behavioral as explained by Ajzen (2012) but ideological and spiritual which were not explained by RAA. This finding also aligns with Lalazaryan and Zare-Farashbandi's (2014) fourth factor influencing information-seeking behavior belief.

However, their re-settlement from *Agugu* to *Arekee* and *Ijaye* villages indicates consistency with their stance on deserting modernity and the mass media. Although they still live the ascetic lifestyle as earlier established by Ojebode and Salaudeen (2013), the *Kari-kasa* do not seem to consider books as part of the mass media. They attested to reading books when asked about how they took care of their sick members or in case of Covid-19 infection in their community. Their overall leader said: "Covid-19 is not different from pneumonia as they present the same symptoms. There are so many books that contain the symptoms and treatments of different diseases".

This shows that their micro-community health system and practice are partly based on what they could read in books which is evidence of self-medication and alternative health practice. Noteworthy here is that when sources of information are not credible, the message cannot be reliable. This re-echoes McLuhan's "the channel is the message" popular maxim. For people like the *Kari-kasa,* fake news seems to be their primary premise for forming opinions and decisions on the Covid-19 pandemic. Literature has however linked access to timely, credible, and reliable information as a fundamental requirement for safety during health crisis situations (Agbalaka et al., 2019; Ågerfalk, Conboy & Myers, 2020). Emphasis has also been laid on fighting the infodemic as part of the process of containing Covid-19 (PAHO, 2020a; PAHO, 2020b).

Another indication of their stance on books not being part of the mass media is that they run a micro-community school involving numeracy, literacy, and religious education for their children. See the picture plates below:

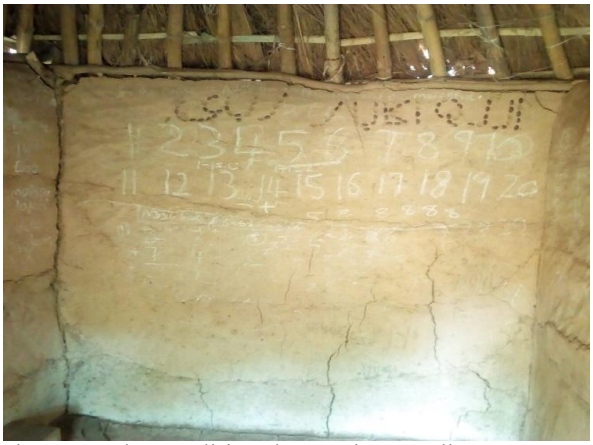

Figure 1. The Traditional Learning Media

While digging for reasons they abandoned their initial settlement in *Agugu* two of these researchers (Ojebode and Salaudeen) met them during the 2013 study, interview sessions with their neighbors at the abandoned initial settlement in *Agugu* revealed that their resettlement to other places was partly precipitated by their crude and dangerous health practices threatening lives of, especially, female members regarding childbirth and related matters like chronic ailments and pregnancy delivery. A fatal case of maternal mortality resulting from self-medication and quackery as narrated by a neighbor, led to their 'expulsion from the community by the community leaders, leaving the first *Agugu* settlement as a worship and learning center before it was eventually abandoned. The danger here is that they take health decisions based on misinformation, a situation conceptualized as an infodemic and more dangerous than a pandemic (PAHO, 2020a; PAHO, 2020b).

The Attitude of *Kari-kasa* Community Members to Government Policies and Guidelines on Covid-19 Containment

Our ethnographic study also considered the level of compliance with Covid-19 policies of the government among members of the *Kari-kasa* community. Observations conducted at all three main settlements (*Agugu, Arekee, and Ijaye*) revealed care freeness about the virus. No person was wearing a facemask; physical distancing and basic hygiene rules were not in practice within the group all the time we visited the various closed-community of their settlements. Figure 3 shows the interior of a typical *Kari-kasa* home while Figure 2 contains the leftovers of their breakfast.

Figure 2. The Interior of a Typical *Kari-kasa* Home Indicating Hygiene Practice.

Figure 3. The Interior of a Typical Kari-kasa Family

The food in the calash was a leftover from the children's breakfast. The quality of the food and the hygiene conditions around them reflect their perceived health behavior. It is an indication of their awareness, conviction, and compliance with Covid-19 safety policies and practices put in place by the Federal Government and other health institutions globally. The *Kari-kasa* children just left the food for "school" when we got there. Plate 3 vividly describes the kind of hygiene surrounding their drinking water facility.

Figure 4. Drinking Water-pot at Arekee and Ijaye Village Settlements

Even without Covid-19, this water facility cannot be described as being safe for healthy consumption. Because they believed the water was safe, they offered us water from the same source to welcome us to the community when we arrived there. Literature affirms that the *Kari-kasa* drink only natural water from rivers, ponds, or springs (Ojebode & Salaudeen, 2013). Their attitude to Covid-19 regulations reflects in their response at the sight of these researchers during the first visit to *Arekee* village settlement when one of them asked us: "Were you forced by the government to wear this thing (face mask) to cover your mouth and nose?" but we replied, "No, we wore it willingly based on conviction of safety." This is an indication of the power of belief on the choice of attitude (Fishbein, 2008; Ajzen, 2012; Hagger et al., 2018 and Hagger, 2019). It is clear that the *Kari-kasa* were aware of wearing the facemask, but refused to comply. This could be based on their misinformation and misconception about Covid-19.

The following rhetorical questions speak volumes about their attitude to the Covid-19 containment guidelines: "The virus they say is ravaging the world presently, do you think it is true? Even if it were true, is it this (facemask) which you wear that will save you? When you were coming, was it everybody you saw that wore it? Are you more afraid of Coronavirus than God?"

They believed Coronavirus was a repercussion of human sins, and that only sinners would be infected by it. When they were asked about their opinion of Covid-19 regulations made by the government, they said: "Rules and regulations are group/community-based. Therefore, the government cannot say, "Do this!" and we will do it except we are forced to comply against our will. If we are forced, we will then have in mind that it is not the way. We will surrender to their will because there is nothing we can do. We are under their government. For instance, on my way to Lagos the previous day, the security officer on the road said whoever was not on a facemask would not be allowed to pass. I raised the suspended tail of my turban to cover my nose".

The excerpt above explicitly refers to two constructs of RAA. The first is the "subjective norm" which emphasizes the roles of significant others in behavior change. The internal environment of the *Kari-kasa* community reflects the *descriptive* variance of the subjective norm which underscores how people's belief influences their perception normality of a behavior. This shows that the significant others within the group describe the typical and normal behavior of *Kari-kasa* members. However, the group also exhibited the "injunctive" variance of the subjective norm when they indicated readiness to comply with the Covid-19 safety rule only if they were forced. Hence, external social

pressure, especially from a more powerful significant other (the government), can facilitate a behavior change among the *Kari-kasa.* This shows that government advocacy and policy enforcement deliberately targeted at the *Kari-kasa* can catapult them from their belief-oriented previous behavior of media disdain (Ojebode & Salaudeen, 2013) to appropriate behavior on media exposure on safety information as noted by RAA scholars (Fishbein, 2008; Ajzen, 2012; Hagger et al., 2018 and Hagger, 2019).

Since their intention to change and current attitude are products of their belief; it is important to lace their behavior change messages with positively related elements of their belief. For instance, when members of *Kari-kasa* in an FGD session were asked about handwashing and sanitizer, they responded: "We must not believe in it at all. Do we not already wash our hands five times before daily prayers? Those who made the rules do not even wash their hands as much as we do".

In their response to our question about the use of soap, which is a product of modernity, to wash hands, they said: "Sand is even better... pure … specified (in our belief) and we know how to get that." This is not behavioral belief as noted by Ajzen (2012), but a belief variance identified as ideological belief in the findings of this study. All these indicate that the media and communication strategies adopted by the government in reaching people, groups, and religious centers to "Take Responsibility" (Owoseye, 2020; Mbah, 2020; NCDC, 2020 & Dan-Nwafor et al., 2020) were not efficacious in influencing compliance among the *Kari-kasa* community. This may partly be because of what Fishbein (2008) regarded as perceived behavioral control describing the extent of control people can exercise on a recommended behavior.

We also inquired if they made effort to educate their members and others on the prevention of the virus. They responded in the affirmative: "Of course when our discussion warrants it". They however raised objections about the government's approach, stressing the causes of the diseases. They opined, "You may know the cause of a thing, but you will still have it in mind that God is the primary cause". But it was shocking that the female *Kari-kasa* could not mention at least one of the Covid-19 safety rules when they were asked to mention them: "We never heard about such things as prohibitions. We do not listen to the radio." The opinion of *Kari-kasa* members in *Agugu* seems to be slightly different from those In *Ijaye* and *Arekee.* They supported government policy on Covid-19 because, in their own view, it complied with their belief. They understood that the virus can affect anybody, not only the wealthy: "… the rules are okay. We have been following all the rules. We are not shaking hands (because of the virus). The virus is a punishment from God; it has been on for a long. There is nobody who cannot be infected by the virus, though some people believe that is not true. There is nobody that cannot contract the virus once they do not abide by the laid-down precautions".

Although their attitude concerning Covid-19 rules is similar to that of their counterparts dwelling in village settlements (*Areke* and *Ijaye*), one can make an inference that the members residing in the *Agugu* settlement seemed to be more liberal and informed than those in the village settlements. Also, the female members of *Kari-kasa* are less aware of current trends compared to their male counterparts. This is probably so as the male members in *Agugu* and males generally seemed to be more exposed to "accidental" mass media information on Covid-19 than those in the villages and their female counterparts. This supports existing findings that the provision and availability of information facilities are important factors in containing the pandemic (PAHO, 2020a; PAHO, 2020b; PAHO, 2020c). *Kari-kasa* members in *Agugu* settlement also confessed to having seen people complying with the Covid-19 rules. When they were asked if they observed people complying with the rules, they said: "Yes, just that we cannot be equal." Thus, the *Kari-kasa* exhibited both "autonomy" and "capacity" perceived behavior control (Fishbein, 2008) in this regard. They displayed absolute autonomy by saying they did not have to be like other people outside their micro-community. However, their capacity to disregard Covid-19 safety rules issued by the government is an indication that "'powerful' significant others" outside their micro-community could exercise more capacity to change their behavior and attitude.

This finding suggests that the subjective norm construct of the RAA requires further reconstruction and redefinition to accommodate a slight insight gleaned from this study. This has to do with

differentiating the power interplay between the internal and external significant others of a group: in what circumstance is one more influential than the other in group behavior modification? For instance, for non-violent marginal groups like the Amish and the *Kari-kasa,* it appears that a "superior" external force can exert the capacity to modify their behavior. This is obvious from their words that if they were "forced", they would comply. Also, their resettlement from their initial settlement in *Agugu* to other new settlements was due to the order from larger community leaders (external "significant others" to the group).

Media Roles in Health Crisis Era

In times of health, crises are it local, national, or global the mass media and healthcare organizations or professionals are expected to play a vital role in disseminating prompt, accurate, and effective health-related information to the public (World Health Organization, 2005). In Okorie's (2013) study, electronic, print, and community media are potent communication tools through which people enjoy awareness and education about health issues. Mass and social media have also been used to slightly enlighten people on environmental issues (Nnadlukwu & Omeje, 2019; Abbas, et al., 2019; Sander & Lee Tee, 2019; Ye et al., 2020). However, aside from relying only on these elite media of communication for awareness creation, Gentili et al. (2020) argue that face-to-face meetings with people are equally effective for health education.

Throughout the NCDC's advocacy in Nigeria, the agency placed more prominence on the use of popular new media such as Facebook and Twitter, electronic media (particularly television for daily briefings), its website, and SMS broadcasts (NCDC, 2020c; Onukwue, 2020) to disseminate vital information to Nigerians about the pandemic. A significant argument then arose: placing much interest in traditional and digital communication media for disseminating Covid-19-related information muted the voices of Nigerians who could not and cannot access these communication media. To that effect, Okesanjo (2020) argues that despite NCDC's regular updates on the identified communication media, its media strategy silenced the vulnerable communities. He submits that the media of these local people community leaders would have been integrated early into the agency's media strategy. However, Ajala-Damisa and Alagboso (2020) had earlier reported that staff of the National Orientation Agency (NOA), after being trained by the NCDC, went to communities to enlighten people about the virus.

Risk Communication in a Health Emergency Time

In uncertain times such as public health emergencies, risk communication becomes a significant tool that can be leveraged to reduce harm and prevent potential dangers humans are susceptible to one of which is misinformation. With risk communication effectively deployed in a pandemic time, for instance, the rate at which misinformation spreads reduces. However, the absence of risk communication in a health emergency like Covid-19 produces many deviant citizens, for they will hardly abide by medical advice issued on the prevention of an imminent infection. As such, fact-checking becomes an expedient approach for managing the risk of misinformation during this period (Krause, Freiling, Beets & Brossard, 2020). Related to this is the need for active engagement. According to Safarpour, Farahi-Ashtiani, Pirani, Nejati, and Safi-Keykaleh (2021), when people are actively engaged with accurate information during the time of uncertainty, rumor and misinformation will be promptly managed and possibly curbed.

Another way of mitigating risks brought by Covid-19 occurs when the government and its agencies communicate promptly to the people using external communication means such as regular official statements, announcements, and risk assessments. However, the effectiveness of these approaches depends on the government's accountability and openness when disseminating, its early and frequent communication about the risk as well as its strategic deployment of media for risk communication (Zhang, Li, & Chen, 2020).

In times of uncertainty, and hoarding behavior failure to allow preventive and curative materials to reach those in need manifests in people. To reduce this behavior (which is a form of risk), risk communication is necessary. This can be achieved through the use of social media, frequent deployment of the mass media, and involvement of communities likely to be affected by the risk (e.g., Covid-19) [Abrams & Greenhawt, 2020; Mahmood, Jafree, Mukhtar & Fischer, 2021]. But what

happens in a situation whereby a group of people like the *Kari-kasa community* in Nigeria who are susceptible to the risk of Covid-19 does not use the media? How will their potential risks be mitigated? Adebisi, Rabe, and Lucero-Prisno (2021) as well as Safarpour et al. (2021) suggest a possible solution for community engagement. However, as potent as community engagement seems to reduce risks among groups such as the *Kari-kasa,* the community members may restrict the strategy and other strategies like public communication and misinformation reduction because of their religious ideology about the publicly perceived risk (of Covid-19).

Misinformation in Time of Health Crises

Accessing information during health crises appears from diverse sources. As such, accessing reliable sources and a smooth flow of adequate and appropriate depth of information that is key determinants to safety during crisis situations have been a major concern of communication scholars in the era of the Covid-19 pandemic (Ågerfalk, Conboy & Myers, 2020). A reason for this is that information access shapes people's opinions and behavior on a particular crisis in the same way it informs the kind of decision(s) various stakeholders will take during the crisis. Health, being a variance of safety and one of the basic needs of human beings, is unnegotiable (Obeta, et al., 2019). Besides the unique nature of the pandemic globally, information access plays a significant role in managing and containing the global health crisis.

Thus, the global community had two interdependent issues to manage during the outbreak: health and information crises. Fake news, misinformation, under-information, information overload, and information disruption played powerful roles in people's decisions to manage the global health crisis because of the general disruption caused by the pandemic (PAHO, 2020a). As a result, concepts like infodemic as it relates to the pandemic emerged in literature, for the mass media and Information Communication Technologies (ICTs) fast became the only fastest route of information dissemination in the face of practices like social distancing, physical distancing, isolation, and quarantine. PAHO (2020b: 2) notes: "Information Technologies (IT) has become the main means of interaction and communication. Suddenly, Digital Health and related concepts have begun to appear in every conversation related to the Health Systems' response to the pandemic".

The World Health Organization used the terms infodemic and information tsunami which caused panic among the masses to describe information dissemination during the pandemic (Ma, 2020). In America for instance, mobile devices, applications, and virtual communication led to ideas like digital health and telemedicine in the management of the pandemic. Information systems, therefore, became the most important tool for health crisis management as people depend on information for their safety (PAHO, 2020c). This indicates that mass media and ICTs were veritable sources of Covid-19 information for personal and communal safety, although the sources bred misinformation (as earlier explained). It, therefore, seems difficult to safely exist during the pandemic without some reliance on the media for credible and reliable information access.

Media Use among Members of Hidden Communities

Scholars argue that in times of health emergencies, citizens seek information that protects and prevents them from infections via different media sources within their reach (Mahmood, Jafree, Mukhtar & Fischer, 2021). However, evidence shows that this argument is not always accurate among members of hidden communities, particularly if the community members are ascetics who distance themselves from the media and other technologies. The Amish people of North America, for instance, resist the media as the *Kari-kasa* people do. To an Amish, social media "seems a waste of time" that withdraws them from their religious piety. Their resistance to worldly things also extends to their disuse of technology and the innovative media it brings. Like the *Kari-kasa* members, the Amish also forbid their children from having access to the mass media and ICTs. That explains why the Amish do not allow their children to visit the houses of their neighbors who do not share the same Amish belief of withdrawal from the media and ICTs with them. On the contrary, Birrell (2019) argues that technology is gradually diffusing into their communal lifestyle: "Some already use mobile phones; children are secretly using social media, and those with businesses often need email and a website".

Although "the smartphone is a threat to the Amish, it was predicted that digitalization will gradually change them to adopt some of the modern tools they had earlier withdrawn from, even if it occurs at a slow pace. Available information (Granville & Gilbertson, 2017; Amish America, 2010) even emphasizes that the Amish began using cell phones over a decade ago, though the usage was largely controlled. Despite that this has become "a necessary evil" among members (Amish America, 2010), they are still withdrawing from using electronic gadgets such as Television. As they use phones, they hardly connect their phones to the Internet, fearing being exposed to pornography and losing family bonds (Granville & Gilbertson, 2017). Amish America adds: "Amish usage of mobile phones has increased over the past decade. In some communities, cell phones have proliferated to the point where high numbers of Amish youth have them, along with adults. The cell phone, some Amish feel, is dangerous in that it is easily concealed and always with you. Others see advantages with it over a stationary line, noting that the owner can always control who uses it and when".

Succinctly, the Amish people, despite their traditional belief of not owning and using some technological gadgets such as mobile phones, have modified their belief system within the contexts they think are not violating their rules and religious beliefs. However, this modification does not stop other members of the Amish community from still withdrawing themselves totally from owning cell phones let alone using the Internet. The latter argument aligns with Shahar's (2019) finding that Amish women neither use nor own cell phones unlike the women of the Ultra-Orthodox Jews. Therefore, if we integrate the submission of Kraybill (2001) as cited by Mayyasi (2021) with the above submissions, we conclude that "the Amish adopt technology selectively" with the hope "that the tools they use will build community rather than harm it."

Information Seeking Behaviour

Health communication scholars have identified different schools that explain people's information-seeking behavior. This study combines some assumptions of Johnson's comprehensive model with some attributes of Longo's expanded model of health information-seeking behavior. According to Lalazaryan and Zare-Farashbandi (2014), Johnson's model comprises four significant factors that influence people's information-seeking behavior *demography, direct experiences, salience, and beliefs*. While *demography* includes attributes that distinguish an individual from another (e.g., age, gender, religion), the *direct experience* focuses on the nature of the experience the information seeker has about their health, a decision frequently influenced by their social networks. For *salience*, information seekers can apply the content of the information they have sought to their personal life. That is, the information should solve their problems. *Belief*, being the last factor, determines whether an individual seeks information about an issue or will deem information-seeking unnecessary. Lalazaryan and Zare-Farashbandi (2014) argue, "A person that does not believe having information about a problem makes changing the situation possible naturally will never search for information related to the problem."

Arguing from the perspectives of Longo's expanded model of health information-seeking behavior, we consider two important concepts *Active information-seeking, and passive information receipt*. In *active information seeking*, people are not aware that certain information is available in the communication media and through interpersonal relationships. At times, they may be aware but are either ready or not ready to access the information. After accessing it, they decide to either use it or not. Then, they may access the information but will either make a personal decision to improve their health or decide not to use it for personal healthcare decisions. For *passive information receipt*, information seekers either receive or do not receive information from the media and personal interactions with others. At times, they receive the information, and may or may not use it. Then, they may or may not use the received information to make personal healthcare decisions (Lalazaryan & Zare-Farashbandi, 2014).

CONCLUSION

Many people are not aware of the *Kari-kasa* community in Ibadan as they interact less with people even within their settlements. They are mostly known by their customers and people living

close to their settlements. The government does not also pay attention to them because of their apolitical stance and non-utilization of public facilities like schools and hospitals. This particularly makes it difficult for government and policy advocates to reach them, especially with the fact that they avoid contact with mass and social media. This study, therefore concludes that the members of the *Kari-kasa* community were not known to government and policy actors. Therefore, policy decisions and behavior change advocacies did not capture their perceived needs and plights. This is a lacuna in strategic policy management. As they are not even known to policy actors, their specific needs will usually be neglected as they also neglect policies considered antithetical to their beliefs. As they suffer "infodemic" in a pandemic, they are likely vectors within the larger community until they are specifically targeted with appropriate strategic health information for relevant behavior change.

As communication advocacy intervention relies on the most common demography of the target community to achieve higher results, particular attention needs to be paid to some marginal and hidden communities such as the *Kari-kasa*. With some insight from this study that the majority of *Kari-kasa* male members provide alternative health services to people who trust their services, they should not be left behind in the campaign against self-medication and quackery in health service provision. As the group believes that they could be controlled by the government, it is an opportunity to implement a series of behavior change intervention programs advocating government policies on health, universal basic education, and hygienic environments in the *Kari-kasa* micro-community. The government definitely needs to interrogate them for possible policy adjustments to facilitate self-motivated compliance. Relying on the Reasoned Action Approach, this study suggests that people's beliefs (the root of intention to act and behave) should always be considered in planning and implementing behavior change intervention, especially for conservative communities such as the *Kari-kasa.*

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